

Lexington Board of Health

1625 Mass. Ave., Lexington, MA 02420

(781) 862-0500 x84533

TOBACCO SALES PERMIT APPLICATION - \$200 permit fee due 2/1/14

General Information

Date: _____ MA Dept. of Revenue Tobacco License #: _____

Business Name & Address: _____

Mailing Address (if different): _____

Phone: _____

Fax: _____

Owner/Operator: _____

New Owner: YES

NO

Address: _____

Phone: _____

Type of Establishment (please circle)

Gas Station Only

Gas Station/Mini Mart

Package/Liquor Store

Hotel/Motel

Food Service

Retail Food Service

Retail

Pharmacy

Lounge/Bar

Other _____

If corporation or partnership, include Name, Title, Address and Phone # or partners

Name

Title

Home Address/Phone

State of Incorporation

Name and address of local agent

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Signature

I certify under the penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.

Signature of Individual or Corporate Officer

SS# or FID#

For Board of Health Use Only

Date Received: _____

Fee Received: _____

Employee Statement Form(s) Received: _____

Permit #: _____